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A check in payment of the filing fee, calculated as follows, is attached.

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Basic Fee	\$740.00
Total number of claims in excess of 20 times (\$18)	0
Number of independent claims in excess of 3 times (\$84)	0
Fee for multiple dependent claims (\$270)	<u>0</u>
TOTAL FILING FEE	\$740.00

A copy of the Declaration from parent application Serial No. 09/209,916 is enclosed.

A diskette and paper copy of the sequence listing are enclosed. The sequence listing on the diskette is identical to the sequence information on the printed sequence listing.

Kindly send us the official filing receipt and other correspondence to the following correspondence address:

Christine M. Hansen
Connolly Bove Lodge & Hutz LLP
1220 Market Street
P.O. Box 2207
Wilmington, DE 19899

The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 which may be required by this paper or credit any overpayment to Deposit Account No. 03-2775.

Respectfully submitted,

CONNOLLY BOVE LODGE & HUTZ LLP

By Christine M. Hansen
Christine M. Hansen
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Attorney for Applicants
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- Encl. 1) Specification & Claims
2) Drawings (5 sheets)
2) Declaration and Power of Attorney
3) \$740.00 (Filing Fee)
4) Preliminary Amendment
5) Sequence Listing (paper and diskette)

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